175 a population of approximately 200 people. This provided a density of
162 approximately one person per five square miles along the Upper Barama
[161] River corridor.

*177 Over time, with the introduction of external resources, this
162 relationship has been changed. The niche of the Upper Barama Caribs
was first extended by exchange and employment opportunities. Peberty's
observations (1948) on this population were made during the first ex-
[161] tensive involvement in employment. However, the data presented take
the form of estimates rather than actual figures.

114 Peberty visited the Upper Barama River area sometime between
161 December 1945 and February 1946 for the purpose of making suggestions
181 for Amerindian development. He reports that "The Upper Barama River
Caribs are the most impoverished and traumatic aboriginal group that
I have encountered throughout the length and breadth of British
Guiana" (1948:20). In part, he attributes this condition to the loss
of Carib crafts as a consequence of opportunities with the miners.
[165] Peberty reports further an unspecified but "relatively high" infant
mortality (1948:15). However, he provides no explanation. Also, he
suggests that a reputed decline in the population is related to the
"morbid conditions of these contemporary Carib groups" (1948:20). He
estimates about 474 Caribs for the Upper Barama River area and the
114 Barima tributaries (1948:15). Little can be said regarding population
161 increase or decrease at this time from his observations. However,
there is one indication that the population size reported by Gillin
[666] was little changed. In 1953, eighty-eight adults were registered to
vote in the Upper Barama River area.

82 had malaria and 126 had had it recently. Together, this is an increase to 66.9 percent of the tested population. In the fall of 1967, there were 412 people living in the Upper Barama area according to the Malaria Eradication Programme reports. Of this number, 396 were tested for malaria. At that time, only 14 were positive for the disease, 23 were positive for recent fever. This is a reduction to an incidence of 9.3 percent of the tested population in little more than a year. Since then, there have been no positive tests for malaria in the Upper Barama area.

More short term campaigns have been made to treat other diseases among the Upper Barama Caribs. Although there are no records of mortality among this population, epidemics which have caused multiple deaths have been attended by medical teams from Georgetown. In the summer of 1966, about 150 people were treated during an epidemic of measles. Later, an outbreak of gastroenteritis received the attention of a medical team. Seven people died during this last epidemic. Most other deaths have been single events.

There are no reliable records for the incidence of other diseases. Worms and other parasites are still a major health problem. This is especially the case around Baramita Air Strip with so many families commonly using small creeks for all purposes. There has been some efforts to promote the use of pit latrines, and four of these are in existence at the Air Strip. Also, malnutrition is a health factor. During the year of field work, weight loss was observed among the people who had been dependent on employment at the mine. Also, burnished hair and pot bellies, signs of protein deficiency, are

common among all children in the age range from about eighteen months to four years. These children no longer nurse and yet are not old enough to effectively gather casual protein and other foods on their own. However, if a family's subsistence crisis becomes extended, a child in this age range may be given up for adoption, usually by a family of immediate kinsmen. Three cases of such adoption recently occurred among the segment of the population at the Air Strip. Consequently, the protein deprivation of children was not sufficient to cause any deaths during August 1970 to July 1971. For this period, two deaths occurred in the total population. Both were in the age category of over sixty-five.

Clearly, health programs cannot be held responsible for any major changes in population size which occurred before 1960. Health care has been introduced only in the last years and certainly has influenced the mortality rate of infants and others. Nevertheless, the change in the pattern of reproduction occurred previous to these health measures, as will be apparent from data collected among the population in question during 1970-71.

During 1971, there were 551 Caribs in the Upper Barama River drainage basin. This number includes 280 males and 271 females. The age structure and sex composition for the total population are presented in Table 7. Table 8 reports the age structure and sex composition for the segment of the population at Baramita Air Strip; Table 9, for the remaining population in the satellite settlements.

As is clear, 264 or 47.9 percent of the total population is under ten years of age. Also, it is apparent that this larger proportion

[TEXT CONTINUED ON PAGE 65]

This may occur with a young mother with an insecure relationship with the father or a child that is not her husband's. Also, a poor subsistence situation may inspire a woman to neglect or kill her infant. From the confidences expressed, there have occurred about five cases of infanticide over the last ten years. Aside from these measures, some women have expressed desires to limit the number of children they produce but profess a lack of knowledge on how to do so. With every fertile woman approaching the fulfillment of a potential to reproduce twelve to thirteen children, the implications for accelerating population growth are apparent. Also, with medical attention and other government assistance, the number of children who survive has increased.

Over the last forty years, the reproductive pattern of the Upper Barama River Carib population seems to have responded to changes in economic conditions. There is no evidence to demonstrate that this population was ever in any long period of equilibrium with regard to its size, or well regulated by cultural practices to maintain it below any direct relationship to fluctuations in local food resources. On the contrary, it appears that this population previously underwent conditions of famine from time to time. King (1968:16) reports a drought for Guyana every thirteen to fourteen years. Although there are no direct records kept for the Upper Barama River area, there are indications of periodic local food shortages. In the six years previous to the establishment of development programs at Baramita Air Strip, the Government was called upon twice to send relief food packages to the Caribs not directly involved in mining. However, by this time, the total population was influenced by the mining

merged as one category. With the economic isolation of households, these people are no longer living and working together. The replacement of individuals in these categories no longer appears to be a compelling demand of the organization for subsistence. Mortality has been greatly reduced by medical programs and external subsistence resources. Divorce now tends to occur only as a casual event among very young couples. Consequently, no current data on the practice of the levirate and the sororate is available. Sororal polygyny does occur. Among the established marriages among the Air Strip population, there are thirty-eight monoganous unions. Of the sixteen plural marriages consisting of a man and two wives, twelve are cases of sororal polygyny. There are two groups of a man and three wives. In one case, two of the wives are sisters. In such families, the children tend to continue to call their mother's sister "mother."

The replacement of broad generational bonds with more circumscribed trans-generational bonds is evident in the separate designation of the individuals in the first ascending generation. It is also apparent in ego's generation. For the male ego, mother's sister's son, whether or not he is a half sibling, is placed among the three middle generations depending on his age relative to ego. If this person is older, even a year or so, he is designated mother's brother.[9] If he is about the same age or a little younger, he is called little brother. An individual in this relationship who is a year or more younger is called nephew. The kinship categories for independent and dependent partners in the relationship between ego and mother's sister's son are provided. Previously, associational ties existed